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Application or Docket Number  Application or Docket Number  Of 405 130  Effective October 1, 2000													
* *** · · · · · · · · · · · · · · · · ·								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS 3								RATE	FEE		RATE	FEE	
FO	a		NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	Basic Fee	710.00	
TO	TAL CHARGEAE	LE CLAIMS	3 minus 20=		•			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	5 minus 3 =		•			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PF	ESENT			+135				OR	+270=		
U.V. On the second seco												710	
1	CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY											THAN	
A	10-404	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	EST IBER OUSLY FOR	PRESENT .		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ORAE	Total	. 3	Minus	ģ		25		X3 9=		OR	X\$18=		
AMENDMENT	Independent	• 3	Minus	••• _	3	=		X40=		OR	X80⇒		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
(Column 1) (Column 2) (Column 3)								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
100101111111									1001	78		ADDI-	
ARENDWENT 8		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	· H	Minus	0	20	=	1	X\$ 9=		<del>OR</del>	X\$18=		
SER	Independent	. 3	Minus	•••	9	-		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=		
TOTAL OR ADDIT. FEE OR ADDIT. FEE													
(Column 1) (Column 2) (Column 3)													
STS		CLAIMS REMAINING AFTER AMENDMENT		PRE	MESY IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ORE	Total	•	Minus	•••				X\$ 9=		ОЯ	X\$18=	,	
AMENDMENT	Independent	•	Minus	•••	ACT 01 4/1	-	_	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										7	H	H	

"If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-578 (Rep. 8700)

OR

+270=

OR ADDIT. FEE

+135=